(b) whether Government propose to direct drug companies to give complete details of a drug when advertised in scientific journals, as is done in developed countries;

(c) whether OPPI, a signatory to IDMA code on drugs, has adopted the above practice; and

(d) if so, what are the reasons for which multinational drug companies are violating the code of ethics on drug advertisements?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) and (b) The advertisements of 'drugs' and 'magic remedies' are controlled under the provisions of Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder. The advertisements of drugs are scrutinised under the provisions of these Rules by the persons authorised by the State Governments to do so.

In addition to the above, no drugs can be advertised to claim to prevent or cure any disease listed in Schedule J to the Drugs and Cosmetics Rules.

Package inserts/claims for "New Drugs" are approved by the Drugs Controller (India) at the time of approval of 'New Drug'. No other person is authorised to make any change in the text approved by the Drugs Controller (India).

(c) and (d) Government has no information about any "IDMA code on drugs".

Non-recommending the certain drugs used for T.B. for price control

162. SHRI CHANDRIKA PRASAD TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that control of Tuberculosis in one of the items of National Health Programme;

(b) whether it is a fact that the Ministry of Health and Family Welfare recommended certain drugs required for treatment of Tuberculosis for price control under category I to Department of Chemicals;

(c) whether it is also a fact that Minister of Health and Family Welfare did not recommend Ethionamide, Kenamycin, Cycloserin, Prethionamide, Morphazinamide for price control under TB Programme;

(d) if so, what are the reasons therefor when these drugs are used for Tuberculosis; and

(e) what action has been taken against those responsible for negligence and by when the supplementary recommendation would be sent for inclusion?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (c) Yes Sir.

(d) and (e) The criteria for recommending drugs for inclusion under category I was either the drug is freely distributed or commonly used.

Antibiotics used for blindness and STD

163. SHRI CHANDRIKA PRASAD TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Antibiotics are used for control of blindness and STD;

(b) if so, names of antibiotics allowed for use for the control of these two diseases along with the strength and form under which permitted by Drugs Control Administration;

(c) what are the names of principal antibiotics used for the control of each disease;

(d) what are the specific details of each disease under which each antibiotics is used;

(e) names of other drugs permitted for use for these diseases;

(f) what is the definition of principal drug and whether it has been defined in Drugs and Cosmetic Act or any pharmacopoea or any other reference book;

(g) if so, the details thereof;

(h) what are the total number of cases of STD and blindness in the country; and

(i) what are the details of steps taken to control these diseases and the future plans?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) Yes Sir.

(b) and (c) List for STD is at statement I. (*See* below). The antibiotics used for control of blindness are tetracycline/oxytetracycline and chloramphenicol.

(d) and (e) The antibiotics user for treatment of STD and control of blindness in various dosage forms like tablet/capsule/injection and in the form of skin ointment are used in many infective diseases, both systemic and local, caused by gram positive, gram negative and other bacteria.

Antibiotics belonging to other groups such as cephalosporins, newer penicillins like ampicillin amoxycillin, the aminoglycocytes, chemotherapeutic agents like sulfonamids are also for infective diseases.

(f) and (g) Principal drug means the first drug of choice for any particular disease given in text book of therapeutics|medical reference book.

(h) and (i) Information is at statement-II. (*See* below).

Statement I

Antibiotic generally used under S.T.D. programme

Name	Dosage form	Average Daily Dose
Erythromycin	250 mg, 500 mg. also available as suspension.	6 hourly
Tetracycline	250 mg. ,500 mg. Cap	6 hourly
Ampicillin	250 mg. ,500 mg. Cap also available as suspension	6 hourly
Streptomycin	Inj. 750 mg., 1 g, 3g/vial	1-2 Injection
Benzathine penicillin (Aqueous)	Injection 6 Lakhs, 12 lakhs 24 lakhs units/ml	1 Inj.
Cephalordin	Inj. 500 ml./1 g. per vial	1 Inj.
Spectinomycin	Inj. 2 g/vial	1 Inj.
Corticosteriod	Dosage form and average daily dose depends on the particular corticosteroid used.	

Statement-II

(h) *National Programme for Control of Blindness*

The National Sample Survey done in 1981 reported 3.47 million blind people who could not see well as 3 mt. distance. A Nation wide survey of blindness is currently in progress whose report is likely to be available during the current year.

National Programme for STD

(h) The total number of STD cases seen and treated in the country during

the year 1987 is 13,02,237. This figure represents only the reported cases from various S.T.D. clinics.

(i) *National Programme for control of Blindness*

The Government have launched a National Programme for control of blindness since 1976 with an aim to reduce blindness from 1.4 per cent in 1973 to 0.3 per cent by 2000. A.D. The programme provides immediate relief to the needy through camp approach and establishing permanent eye care infrastructure with graded expertise at different levels coupled with 'Health Education Measures'.

National Programme for control of S.T.D.

(i) Prior to Sixth Five Year Plan, National S.T.D. Control Programme was a centrally sponsored scheme with 50:50 sharing basis. Under the scheme drugs Benzathine, Penicillin-was supplied to the State/UTs free of cost and cash grant to States for establishment of S.T.D. clinics. The scheme during the Sixth Five Year Plan was restructured and inducted as a purely Central sector scheme with 100 per cent Central assistance to provide teaching, training, research and epidemiology in the field of S.T.D. to cater on a zonal basis. For the purpose, Regional S.T.D. Teaching-cum-Training Centre, Regional S.T.D. Reference Laboratory and Regional Survey-cum-Mobile S.T.D. units have been established at Calcutta, Delhi, Hyderabad, Madras and Nagpur. The S.T.D. Training Centres would be providing orientation courses to the inservicee medical and medical personnel to improve their working knowledge in the discipline of Venereology. The S.T.D. Reference Lab would be involved in conducting short orientation courses in the lab diagnosis of S.T.D.; conduct inter-laboratory evaluation of VDRL tests and undertake research work leading to lab diagnosis of S.T.D. The Regional S.T.D. survey-cum-Mobile unit would be engaged in conducting survey work in the backward and tribal areas, industrial belts, educational centres; tourist spots etc. to under stand the epidemiology of the disease.

Additional Vayudoot Service in Gujarat

164. SHRI CHIMANBHAI MEHTA: Will the Minister of CIVIL AVIATION AND TOURISM be pleased to state whether additional flights or new routes are being considered for Vayudoot services in Gujarat covering Rajkot, Jamnagar, Porbander and other centres with Ahmedabad, if so, at what stage the matter stands at present?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRI SHIVRAJ PATIL): While Rajkot, Porbander and Ahmedabad are being served by Vayudoot's daily flights, Jamnagar is being operated by Indian Airlines at present. The present frequencies on these routes are considered adequate to cope up with the available traffic load.

Implementation of New Education Policy

165. SHRI CHIMANBHAI MEHTA: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether the new education policy is being implemented by all the States as planned and projected; if so, what are the details in this regard and which States are lagging behind and those which are fulfilling the plans; and

(b) what is the number of Navodaya Vidyalaya till date in various States and staff facilities available therein?